



OCCUPATIONAL HEALTH SERVICES AUTHORIZATION FORM
APPOINTMENTS: (313) 745-4522

Date: _____

Patient Name: _____ Date of Birth: _____

Employer: _____
Bill To: _____
Address: _____
Phone: _____
Authorized by: _____
Signature: _____

NOTE: PHOTO ID IS REQUIRED FOR ALL PHYSICALS & DRUG SCREENS

Check services requested:

Injury treatment Date of Injury: _____ Time of Injury: _____
Description of incident:

Pre-placement Exam (examinee should bring glasses or contact lenses if worn)

Return to Work Exam/Fitness for Duty

Determination of Work-Relatedness (causality)

Drug/Alcohol Testing (NON-DOT; Check all of the following that apply):

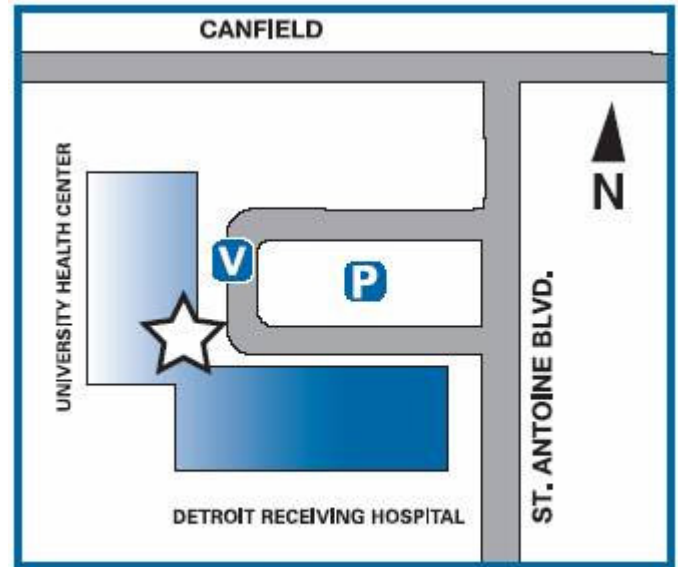
10 panel drug test Evidential Breath Alcohol (EBT) Specimen Collection only Other (specify):

Reason for drug/alcohol testing:

Pre-employment/pre-placement Random Reasonable suspicion Post-accident Other (specify):

Other (specify):

DMC OCCUPATIONAL HEALTH SERVICES



V Valet Parking **P** Underground Parking
 Complimentary \$2.50

DMC OCCUPATIONAL HEALTH SERVICES CLINIC UNIVERSITY HEALTH CENTER, 4TH FLOOR

4201 ST. ANTOINE
 Detroit, Michigan 48201
 Phone (313) 745-4522
 Fax (313) 745-4137

Monday – Friday
 6:30 a.m. to 5 p.m.

After Hours & Emergency Care:

DMC Occupational Health Services Fast-Track
 Emergency Department
 Detroit Receiving Hospital
 4201 St. Antoine
 Detroit, Michigan 48201
 Phone (313) 745-3331